

IAP20 Rec'd PTO 09 JAN 2006

Application Data Sheet**Application Information**

Application number::
Filing Date::
Application Type::
Regular
Subject Matter::
Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: *None*
Number of CD disks::
Number of copies of CDs::
Sequence submission?:: *None*
Computer Readable Form
(CRF)?:: *No*
Number of copies of CRF::
Title :: *ORTHODONTIC ACTIVATOR*
Attorney Docket Number:: *7831.1025*
Request for Early Publication?:: *No*
Request for Non-Publication?:: *No*
Suggested Drawing Figure::
Total Drawing Sheets:: *3*
Small Entity?:: *No*
Latin name::
Variety denomination name::
Petition included?:: *No*
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: *No*

Applicant Information

Applicant Authority Type:: *Inventor*
Primary Citizenship *Finland*
Country::
Status:: *Full Capacity*

Given Name:: *Katri*
Middle Name::
Family Name:: *Keski-Nisula*
Name Suffix::
City of Residence:: *Vaasa*
State or Province of
Residence::
Country of Residence:: *Finland*
Street of mailing address:: *Rantakatu 11 A 14*
City of mailing address:: *Vaasa*
State or Province of
mailing address::
Country of mailing
address:: *Finland*
Postal or Zip Code of
mailing address:: *FI-65100*

NOTE: Repeat this information for each inventor or other applicant. Non-Inventor applicant information such as legal representative of a deceased inventor should follow the inventor(s) for whom the applicant is acting.

Applicant Information

Applicant Authority Type:: *Inventor*

Primary Citizenship *Finland*

Country::

Status:: *Full Capacity*

Given Name:: *Juha*

Middle Name::

Family Name:: *Varrela*

Name Suffix::

City of Residence:: *Turku*

**State or Province of
Residence::**

Country of Residence:: *Finland*

Street of mailing address:: *Piispankatu 1*

City of mailing address:: *Turku*

**State or Province of
mailing address::**

**Country of mailing
address::** *Finland*

**Postal or Zip Code of
mailing address::** *FI-20500*

Correspondence Information

Correspondence Customer Number :: 21831

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number:: (212) 768-3800

Fax Number: (212) 382-2124

E-Mail address:: *pto@steinberggraskin.com*

Representative Information

Representative Customer Number::	21831	
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
<i>This application</i>	<i>National Stage of</i>	<i>PCT/FI04/00434</i>	<i>07/07/04</i>

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
<i>Finland</i>	<i>031038</i>	<i>07/07/03</i>	<i>Yes</i>

Assignee Information

Assignee name:: *LM-Instruments Oy*

Street of mailing
address:: *PL 88*

City of mailing address:: *Parainen*

State or Province of
mailing address::

Country of mailing
address:: *Finland*

Postal or Zip Code of
mailing address:: *FI-21601*